

# PUBLIC PROGRAMS IN THE ARTS AWARD CERTIFICATION FORM

Applicants should read the guideline instructions before completing this form.  
Form can be handwritten or typed in 12-point font. Fill in all fields.

**Applicant/Organization** (IRS name) \_\_\_\_\_

Contact Name and Title \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone-Day- \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web-site \_\_\_\_\_

This is a new ☐ address or ☐ phone number.

☐ Applicant is acting as a Fiscal Agent  
(see page 6)

Period of support: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

◆ U.S. Congressional District 1 ☐ OR District 2 ☐ ◆ Legislative District \_\_\_\_\_

Number of years doing business in Idaho \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_  
(required)

*In a one-page, narrative, describe how you will use these funds.*

If you have received a grant, did you submit the required final report? ☐ yes ☐ no

*Authorizing Signatures* - I certify that the information contained in this application, including attachments and support materials, is true and correct to the best of my knowledge. I have read and agree to comply with the *Legal Requirements* of accepting this grant.

\_\_\_\_\_  
Authorized Staff/Project Coordinator Date

\_\_\_\_\_  
Financial Officer Date

\_\_\_\_\_  
Authorizing Official (person able to legally obligate the applicant) Date